| Effective January 1, 2003 10,623, 083                                    |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            |                         |                        |    |                     |                        |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|--------------------------------|--------------|------------------|------------|-------------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | SMALL ENTITY OTHER THAI |                        |    |                     |                        |
| TOTAL CLAIMS 22                                                          |                                                                                                                                                                                                                                                                                                                                         |                                           | ·             |                                |              |                  |            | RATE                    | FEE                    | 1  | RATE                | FEE                    |
| FOR                                                                      |                                                                                                                                                                                                                                                                                                                                         |                                           | NUMBER FILED  |                                | NUMBER EXTRA |                  |            | BASIC FE                | 375.00                 | OR | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                                         |                                           | 2 2 minus 20= |                                | . 2          |                  |            | X\$ 9=                  |                        | OR | X\$18=              | 36                     |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                                                                                                                                         |                                           | 3 minus 3 =   |                                | 8            |                  |            | X42=                    |                        | OR | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | +140=                   |                        | OR | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              | xolumn 2         |            | TOTAL                   |                        | OR | TOTAL               | 700                    |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            |                         |                        | •  | OTHER               |                        |
| <b>_</b>                                                                 |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                | nn 2)        | (Column 3)       |            | SMALL                   | ENTITY                 | OR | SMALL               | ENTITY                 |
| AMENDMENT A                                                              |                                                                                                                                                                                                                                                                                                                                         | REMAINING<br>AFTER<br>AMENDMENT           |               | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                                                                      | Total                                                                                                                                                                                                                                                                                                                                   | . 55                                      | Minus         | - 3°                           | <u> </u>     | =                |            | X\$ 9=                  |                        | OЯ | X\$18=              |                        |
| AME                                                                      | Independent                                                                                                                                                                                                                                                                                                                             | + 3                                       | Minus         | *** 3                          | CLAIM        | =                |            | X42=                    |                        | OR | X84⇒                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | ×140=                   |                        | OR | +280=               |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | TOTAL<br>ODIT, FEE      |                        | OR | TOTAL<br>ADDIT, FEE |                        |
| 10                                                                       | <u> 16-06</u>                                                                                                                                                                                                                                                                                                                           |                                           |               | (Colur                         |              | (Column 3)       | _          |                         |                        | _  |                     |                        |
| AMENDMENT B                                                              |                                                                                                                                                                                                                                                                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVK<br>PAID   | BEA<br>OUSLY | PRESENT<br>EXTRA |            | RATE                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                   | • 22                                      | Minus         | . 20                           | 2            | = //             |            | X\$ 9=                  |                        | OR | X\$18=              |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                             | NTATION OF M                              | Minus         | 3                              | C 4114       |                  | 11         | X42=                    |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | +140=                   |                        | OR | +280=               |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | TOTAL                   |                        | 00 | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                                                                                                                                                                         |                                           |               |                                |              |                  |            | VDDIT. FEE              | ·                      |    | ADDIT. FEE          | <del></del>            |
| AMENDMENT C                                                              |                                                                                                                                                                                                                                                                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                    | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                   | •                                         | Minus         | **                             |              | •                | ] [        | X\$ 9=                  |                        | OR | X\$18=              |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                             | •                                         | Minus         | ***                            |              | =                | lt         | X42=                    |                        |    | X84=                |                        |
| لثا                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                          |                                           |               |                                |              |                  | <b>J</b> } | ,,,,,,                  |                        | OR |                     |                        |
| .,                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                   |                                           |               |                                |              |                  |            |                         |                        | OR | +280=               |                        |
| **!                                                                      | TOTAL  TOTAL  TOTAL  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |               |                                |              |                  |            |                         |                        |    |                     |                        |

Application or Docket Number